Rural and Urban

ELDERLY RESIDENTS IN ONTARIO

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ELDERLY RESIDENTS IN ONTARIO: RURAL-URBAN DIFFERENCES

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Merle Anne Ridley
Research Consultant

SUMMARY

This paper examines the population surveyed for the USCO study by concentrating on rural-urban differences. The reason for the examination was grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they live.

The eight communities surveyed for the study were divided into four groups for purposes of comparison. The four groups were: rural (Cookstown, Athens, and Bruce Mines) (20%); small-urban communities (Penetanguishene/Brockville) (18%); the mid-sized urban communities (Sault Ste. Marie/Windsor) (31%) and Toronto (31%).

The demographic characteristics of the respondents in the rural communities differed from those of their urban counterparts. The rural respondents were more likely than the urban respondents to be men, to be married, to have less than nine years of formal education, to live in houses, and to own their residence. They were unlikely to be in the highest income group.

The respondents in the rural areas were distinguished from the respondents in the urban centres by their ethnic composition. The rural respondents were the most homogeneous group, with 79% of the respondents being of British origin.

In addition to demographic differences, the rural respondents differed from the urban respondents in their contacts with family. The rural respondents maintained a greater number of family contacts and a greater number of contacts with children. It is noteworthy that the rural respondents did not differ from the urban respondents in the frequency of contacts by telephone or in person with family or friends.

Rural-urban differences were found in relation to recreational participation. Although the number of recreational activities in which the respondents participated did not vary across communities, the type of activities did vary. Rural respondents were more likely than urban respondents to garden, go for drives and have family come to visit. The rural respondents were less likely to attend theatre.

When asked about barriers to their recreational participation, the rural respondents were more likely than the respondents in small-urban communities or mid-sized urban communities to cite cost as a barrier to their involvement. Forty-five percent of the rural respondents reported that expense kept them from participating to the extent they desired. It is noteworthy, that cost was cited as a barrier by an equal proportion of respondents in Toronto and the rural areas.

The examination of seven health status variables did not reveal major differences between the rural and urban respondents. The only statistically significant differences concerned the type of health conditions reported. The rural respondents were the most likely of all respondents to report heart trouble and they were more likely than the persons in the larger urban centres to report heart attacks.

Although there were no major differences in health status between the rural and urban respondents, differences across communities were found in the use of the health care system. The rural respondents were the least likely to see medical specialists and the least likely to be hospitalized.

The ability of the respondents to carry out Activities of Daily Living (ADLS) was measured with the use of selected items of the OARS instrumental and physical ADL scales. Nine ADLS were measured with the use of these scales. The respondents who reported difficulties with or an inability to carry out the ADLS were considered to have disabilities. The rural respondents (23%) were the least likely to report disabilities. Disabilities were most often reported by residents of Toronto (39%). Across all communities the disabilities reported most often were in relation to heavy housework and shopping.

The number of respondents who received assistance with day to day activities did not vary from community to community. Differences across communities were found in the type of assistance received, specifically in relation to: paying bills and going out in bad weather. The rural respondents were the least likely to receive assistance with paying bills and they were less likely than the mid-sized urban respondents and the Toronto respondents to receive assistance in going out in bad weather.

The sources of the respondents' support differed across communities. The rural respondents were the least likely to rely on family members for assistance, and more likely to rely on neighbours and friends.

Less than one-fifth of the rural respondents reported requests for additional assistance. The proportion of rural respondents requesting additional assistance was the same as the proportion requesting assistance in the mid-sized urban communities; and smaller than the proportion requesting assistance in either the small urban communities or Toronto. The activities with which the rural elderly most frequently requested assistance were yard work, heavy housework and house repairs.

The respondents were asked to project into the future and consider the type of housing they would want should they find it difficult to care for their own needs. The interest expressed in various housing options did not differ significantly from community to community. The largest proportion (73%) of rural respondents were interested in moving into supportive housing arrangements; followed by staying home with community services to assist (64%).

Rural-urban differences were apparent in the modes of transportation used to go shopping, to medical appointments and to social activities. Rural respondents were more likely than urban respondents to drive themselves and to be driven by others to all three activities. The likelihood of a private vehicle being the principle mode of transportation decreased as community size increased. Rural respondents were the most likely to walk to medical appointments and social activities. They were the least likely to use taxis or public transportation.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario Survey[1]. The principal objective of the survey was to systematically examine the living situations of elderly persons who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the province. These areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to analyze the USCO data by concentrating specifically on rural-urban differences. The reason for this examination is grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they reside. The extent to which differences in community size are related to lifestyle characteristics and access to resources are the principal areas of concern.

The distinguishing characteristics of the rural elderly are identified by a comparison of the rural population as a whole to three urban populations. For purposes of analysis the two smallest urban centres have been combined (Penetanguishene/Brockville), and the two mid-sized urban centres are combined (Sault Ste. Marie/Windsor). The units of comparison are shown below:

	POPULATION
(1) RURAL	
Cookstown	less than 1,000
Athens	less than 1,000
Bruce Mines	less than 1,000
(2) SMALL-URBAN	
Penetanguishene	5,460
Brockville	26,880
(3) MID-SIZE URBAN	
Sault Ste. Marie	81,050
Windsor	196,525
(4) TORONTO	2,124,290

The living situations of the respondents are examined through consideration of demographic characteristics, social contacts, recreation, health status, use of the health care system, type of disabilities, receipt of assistance, providers of assistance, requests for additional assistance, housing preferences and transportation use.

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[1] Refer to Appendix for a list of papers in the USCO series.

Rural-urban differences are given primary attention in this paper. The living situation of the sample as a whole has been described in previous papers, each covering a specific topic. The reader should refer to these papers as basic references for any further comparison of the data.

2. DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of the persons residing in communities of different size are reviewed in this section. Attention is being paid to age, sex, marital status, income, years of formal education, ethnic background and housing.

In the population surveyed 20% (n=168) of the total sample resided in rural communities; 18% (n=148) were residents of small urban communities (Penetanguishene, Brockville); 31% (n=265) lived in mid-sized urban communities (Sault Ste. Marie, Windsor) and 31% (n=265) resided in Toronto.

The communities did not differ in the age distribution of the respondents. The majority of respondents in all communities was between the ages of 62 to 74 and the smallest proportion was aged 85+. In the rural areas 55% (n=93) were 62 to 74, 33% (n=56) were 75 to 84 and eleven percent (n=19) were 85+.

As the size of the community increased, the proportion of men decreased, with women outnumbering the men in all but the rural locations. Table 1 shows that the proportion of men ranged from a low of 34% (n=89) in Toronto to a high of 51% (n=83) in the rural communities.

Marital status differences were found across the communities. Table 2 shows that married respondents were more frequently found in the smaller communities. Whereas, married individuals comprised approximately two-thirds of the respondents in the rural areas (64%, n=106) and the small urban communities (66%, n=97), they comprised approximately one-half of the respondents in Toronto (49%, n=130) and the mid-sized urban communities (54%, n=142). The larger urban centres tended to have the greatest proportion of widowed and single respondents.

Income differences distinguished the communities. Table 3 shows that the largest proportion of respondents in all locations had incomes exceeding $999 per month. However, the proportion in this income category varied considerably from a low of 31% (n=43) of the respondents in the small urban centres to a high of 49% (n=120) of the respondents in Toronto. Close to one-third (30%) of the respondents in the rural areas (n=48) and the mid-sized urban communities (n=72) had monthly incomes under $600.[1]

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[1] In July 1982 when this survey was conducted, the federal and provincial governments guaranteed the following total payments through the Old Age Security Guaranteed Income Supplement and GAINS-A programs: $529.29 for single seniors and $1,003.28 for married couples.

Just as the respondents in Toronto had the highest incomes, they also had the highest educational levels. Table 4 shows that close to one-quarter (25%, n=62) of the Toronto respondents had thirteen or more years of schooling; 45% (n=117) had nine to twelve years of schooling. The educational level of the respondents in the rural areas closely corresponded to that of the respondents in the small-urban and mid-sized urban communities. Approximately one-half of the respondents in all of these communities had less than nine years of education. Just over one-third had nine to twelve years and less than one-fifth had thirteen years or more.

The rural respondents were distinguished from the respondents in the urban centres by their ethnic composition. Table 5 shows that the rural respondents were the most homogeneous group with 79% (n=132) of the respondents reporting British heritage. In the remaining communities although the predominant ethnic group was British, the ethnic composition was considerably more diverse.

The housing situation of the rural respondents differed from that of the urban respondents. Tables 6 and 7 show that as the size of the community increased, the likelihood of living in a house and of owning a residence decreased. Houses were occupied by 97% (n=163) of the rural respondents in comparison with 59% (n=155) of the Toronto respondents. Residential ownership was common to 86% (n=145) of the rural respondents and 56% (n=148) of Toronto's residents.

It is noteworthy that no significant differences were found across communities in relation to the number of persons living on their own vs living with others. More than two-thirds of respondents across all communities lived with at least one other person.

3. SOCIAL CONTACTS

Visits with family and friends by telephone and in person were the bases for assessing the respondents' social contacts. This section concentrates on the differences in contacts across the four communities.

Fully 99% (n=835) of the total sample had contact with at least one family member. Table 8 shows that almost one-half (45%, n=76) of the rural respondents had thirteen or more family contacts. In Toronto, 24% (n=65) were in contact with this many relatives.

The number of respondents who had contact with children varied by community, with the most substantial difference occurring between the rural areas and the largest urban centre. Contact with children was reported by 86% (n=145) of the rural respondents compared to 76% (n=202) of the Toronto respondents.

The frequency of contacts with family and friends by phone and in person did not vary statistically across communities. For the sample as a whole, over two-thirds of the respondents had phone contact with family and friends at least once a week, had visits from friends at least once a month and went to visit family and friends at least once a month.

4. RECREATION

The participation of the respondents in recreational activities was examined in this survey. This section concentrates on identifying rural-urban differences in relation to actual and desired participation.

Recreational participation was measured by asking the respondents if they partook in any of 21 leisure activities. The activities included solitary activities such as handicrafts, group activities like club participation, activities requiring minimal output of energy like reading, and activities requiring greater output like sports. The number of activities in which the respondents participated ranged from one to twenty with a mean of twelve. This number did not vary significantly across communities.

Although the number of recreational activities in which the respondents participated did not differ from community to community, the type of activities in which the respondents chose to participate did vary. Table 10 shows that the likelihood of gardening, of having family come to visit, and of going for drives increased as community size decreased. Seventy-four percent (n=122) of the rural respondents gardened, compared to less than one-half (48%, n=127) of the Toronto respondents. Family came to visit almost all (97%, n=160) of the rural seniors, but only 89% (n=235) of the respondents in Toronto. Going for drives was common to 81% (n=135) of the rural respondents and 70% (n=185) of the Toronto respondents.

The rural respondents (16%, n=26) were the most likely to assist with elections. Those least likely to assist were the respondents of small urban (8%, n=12) and mid-sized urban (8%, n=21) communities.

The rural respondents were the least likely of all respondents to attend the theatre. Less than one-quarter (23%, n=39) attended. This figure compares to almost one-half (46%, n=123) of the Toronto respondents.

Upon reporting their participation in each of 21 activities, the respondents were asked whether their desired participation was greater than their actual involvement. If they so indicated, they were asked to indicate the barriers that inhibited them. Ninety-four percent (n=790) of the total sample reported barriers to their desired participation. Table 11 shows that the three barriers indicated most frequently by respondents in all communities were personal health (a minimum of 20%) being too busy (a minimum of 13%) and the cost of the activity (a minimum of 13%).

The proportion of respondents reporting health or being too busy as barriers to participate did not vary from community to community. Table 12 shows that approximately one-half of all respondents indicated health as a barrier to some activity and approximately one-third (minimum 30%) indicated being too busy as a barrier. Of noteworthy interest is the difference across communities in the proportion of respondents who reported cost as a barrier. The respondents in both the largest and the smallest communities were the most likely to consider expense a barrier. Almost one-half (45%) of both the rural (n=75) and Toronto (n=120) respondents reported that the expense of an activity limited their involvement. These figures compare to 38% (n=56) of the respondents in small-urban communities, and 34% (n=90) of the respondents in the mid-sized urban communities.

A more detailed description of the respondents participation in leisure activities is found in the report entitled Elderly Residents in Ontario: Their Participation in Leisure Activities and the Barriers to Their Participation. The reader is referred to this report for a more detailed examination and discussion of particular activities and the characteristics of the respondents who reported selected barriers.

5. HEALTH STATUS

This section is devoted to comparing the health status of the respondents across communities. Health status is a composite measure and in this paper seven variables are used to comprise the measure. They include:

a) subjective rating of health
b) comparison of health with five years previous
c) extent to which health conditions stand in the way of doing things persons want to do
d) number of health conditions
e) number of interfering health conditions
f) type of health conditions
g) mobility

The data presented on health status is based on self-reports.

Across communities no statistically significant differences were found in the respondents' subjective rating of health, comparison of health with five years previous or in the respondents' evaluation of the extent to which health interfered with day to day activities. Focusing upon the rural respondents we find that the majority (61%, n=103) considered their health to be good or excellent, and most (67%, n=112) felt that their health was the same or better than it had been five years previous. Health impaired day to day activities for 63% (n=106) of the rural respondents but, less than one-half (38%, n=40) of these respondents reported that health interfered a great deal with their activity.

All respondents were read a list of 31 health conditions and were asked to indicate if a physician had ever told them that they had the condition. The conditions included arthritis, heart trouble, cancer, dizziness, diabetes, etc. (Refer to report entitled: Elderly Residents in Ontario: Their Health Status and Their Use of The Health Care System for a listing of the conditions.) No significant differences across communities were found in the number of reported conditions. In the rural communities, ten percent (n=16) of the respondents reported no conditions; 55% (n=92) reported one to four conditions and 36% (n=60) reported five or more conditions.

For each condition reported, the respondents were asked to indicate whether the condition interfered with their day to day activities. No statistically significant differences were found across communities in the number of interfering conditions reported.

Of the 31 health conditions examined in this survey, statistically significant differences across communities were found in relation to only two conditions, namely, heart conditions and heart attacks. Table 13 shows that the respondents in the largest communities (Sault Ste. Marie/Windsor and Toronto) were less likely than the respondents in the rural or small urban communities to report either of these conditions.

The ability to walk around the average block was used as a measure of mobility. The mobility of the respondents did not vary differences across communities. Over ninety percent of all respondents reported being able to walk around the block.

In summary, the examination of the health status measures did not reveal major differences across communities. The only statistically significant differences were found in relation to type of health conditions. The respondents residing in rural and small-urban communities were more likely to report heart related conditions.

6. USE OF THE HEALTH CARE SYSTEM

The respondents' use of the health care system was measured by visits to family doctors and specialists and hospitalizations. In this section the use of the health care system is examined across communities. It is noteworthy that despite the fact that health status varied little across communities, significant differences across communities were found in the respondents' use of the health care system.

Visits to family doctors varied by community. The respondents in the small urban communities (Penetanguishene/Brockville) visited family doctors most frequently. Those in the larger urban centres (Sault Ste. Marie/Windsor and Toronto) visited less often. Refer to Table 14.

The likelihood of being seen by a medical specialist increased with community size. Table 15 shows that visits to specialists during the year prior to the interview were made by 30% (n=50) of the rural respondents, 35% (n=52) of the respondents in the small urban communities, 44% (n=117) of the respondents in the mid-sized urban communities and 45% (n=119) of the Toronto respondents. The frequency of visits to medical specialists did not differ significantly when communities were compared.

Hospitalization rates differed across communities. Table 16 shows that the majority of respondents in all communities had not been hospitalized during the twelve months preceding the interview. The likelihood of being hospitalized was greater in the small urban (26%, n=39) and mid-sized urban communities (22%, n=22) than in Toronto (12%, n=32) and the rural communities (19%, n=33).

Although the rural respondents were less likely to be hospitalized than the respondents in the small urban or mid-sized urban communities, the rural respondents tended to stay in the hospital for longer periods of time. Close to two-thirds of the hospitalized rural respondents (66%, n=21) spent eight or more days in the hospital. This figure compares to 59% (n=23, n=19 respectively) of the respondents in Penetanguishene/Brockville and Toronto and 55% (n=32) of those in Sault Ste. Marie/Windsor).

7. TYPE OF DISABILITIES AND RECEIPT OF ASSISTANCE

The respondents' ability to manage on a day to day basis was measured with the use of selected items from the OARS instrumental and physical Activities of Daily Living (ADLS) scales[1]. These scales are commonly employed to assess the older persons' capability of performing ADLS. In using the scales, the ability to perform nine ADLS was measured. The ADLS included using the telephone, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance, getting in and out of bed and bathing. The respondents who indicated difficulty with or an inability to carry out the activities were considered to have disabilities.

Differences across communities were found in the number of persons who reported disabilities. Table 17 shows that the likelihood of reporting disabilities increased as community size increased. Disabilities were reported by less than one-quarter (23%, n=39) of the rural respondents compared to 39% (n=103) of the Toronto respondents. Reports of three or more disabilities were made by six percent (n=10) of the rural respondents and fifteen percent (n=40) of the Toronto respondents.

The type of disabilities reported are illustrated on Table 18. Irrespective of community, the most frequent disabilities reported were in relation to shopping and housework. The only differences across communities were found in relation to housework and bathing. Disabilities related to housework and bathing were least frequently reported by the rural respondents (16%, n=26 and 5%, n=9 respectively), and most frequently reported by residents of Toronto (32%, n=86 and 13%, n=35 respectively).

Upon examining the disabilities reported, an assessment was made of the respondents' receipt of assistance with 22 day to day activities. The activities examined included activities in the home such as housework, meal preparation and laundry; activities outside of the home like yardwork; shopping and banking; and personal care activities such as bathing, dressing and getting in and out of bed. The number of respondents who received assistance and the number of activities with which assistance was received did not vary from community to community. Over one-half (51%, n=432) of the respondents received no assistance, eighteen percent (n=153) received assistance with one activity, twenty percent (n=164) received assistance with two to four activities and eleven percent (n=93) received assistance with five or more activities.

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1 Refer to reference section for the reference for this scale.

Table 19 illustrates the type of activities with which assistance was received. Across all communities, the assistance received most frequently (by a minimum of 23% of the respondents) related to yardwork and heavy housework. It is noteworthy that for twenty of the 22 activities considered, the number of respondents who received assistance did not vary from community to community. The two differences found in relation to the receipt of assistance in the number of respondents were with paying bills and going out in bad weather.

The respondents in the small urban communities were the most likely to receive assistance with paying their bills (12%, n=17). Toronto (10%, n=25) most frequently received help going out of doors in bad weather.

8. PROVIDERS OF ASSISTANCE AND POTENTIAL PROVIDERS OF ASSISTANCE

The sources of assistance used by the respondents for day to day activities differed across communities. Table 20 illustrates that children were the most frequent caregivers to the respondents in all communities other than Toronto. In Toronto, family members, other than children provided a slightly higher proportion of the assistance. The proportion of assistance provided by family members increased as the size of the community increased. Family members provided 59% of the total assistance to the respondents in the rural communities compared to 69% of the assistance to the Toronto respondents. The rural respondents were the most likely to receive assistance from neighbours or friends; 13% of the total assistance provided in rural communities came from neighbours/friends compared to 7% of the assistance provided to the respondents in Toronto.

A maximum of four percent of all assistance with day to day activities came from community agencies. The most frequent users of these agencies were persons in the rural communities and the mid-sized urban communities (S.S. Marie/Windsor). Residents of Penetanguishene/Brockville were the least likely to call upon community agencies for help.

The use of five particular community agencies, namely Visiting Nurses, Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting was assessed. The communities did not differ in the use of these agencies.

The respondents were asked to indicate the persons/agencies they would contact for assistance should certain situations arise. These situations included depression, shopping, finances, transportation, dealing with the old age security system, personal care and bathing. The persons indicated in each of the situations were considered potential providers of assistance.

The persons suggested as potential providers of assistance closely coincided with the actual providers of assistance. Family members, specifically children, were identified as the primary sources of support.

Tables 21-23 show the differences across communities in the persons to be called upon for help if needed. Significant differences across communities were found in relation to three situations: help dealing with the old age security agency, help getting to a medical clinic and help with personal care.

Table 21 shows that more than one-quarter of the respondents in the rural communities (28%, n=47) and the mid-sized urban communities (31%, n=82) indicated they would turn to community groups for assistance should they require help in dealing with the Old Age Security Agency. By comparison, 17% (n=25) of the respondents in small-urban communities and 11% (n=28) of the Toronto respondents said they would call upon a community group if this type of help was required. The residents of both Toronto and the small urban communities most frequently indicated they would ask their child for help if needed.

The persons who would be called upon for help if it was needed to get to a medical clinic are illustrated on Table 22. The respondents in the rural communities (34%, n=57) most frequently reported that they would call upon neighbours/friends for help. Neighbours/friends were listed as potential sources of support by 21% (n=31) of the respondents in the small-urban communities, 14% (n=38) of the respondents in the mid-sized urban communities, and 17% (n=44) of the Toronto respondents. In the communities other than the rural areas, the respondents most frequently reported they would contact children for help as needed.

Potential sources of support with activities of personal care are shown on Table 23. Across all communities, the largest proportion of the respondents (a minimum of 33%) indicated they would ask their spouse for assistance. It is important to note that the proportion of persons within each community who said they would seek the help of a spouse with personal care closely corresponded with the marital status differences across communities. The respondents in small-urban communities (49%, n=73) were the most likely to consider their spouses for assistance with personal care. They were also the most likely to be married (66%, n=97). Likewise, the Toronto respondents (33%, n=87) were the least likely to report that they would ask their spouse for assistance and they were also the least likely to be married (49%, n=130).

After spouses the second most frequent source of support for personal care reported were the respondents' children. Children were identified by close to one-quarter of the respondents in all communities. A maximum of twelve percent of the respondents said they would turn to community groups for help of this nature.

The frequency with which community services were cited as potential sources of support was examined across communities. Tables 24 through 30 show the number of respondents who said they would call upon community services if faced with the seven situations discussed above. Overall, 44% (n=370) said they would call on community services for assistance with at least one activity. Twenty-eight percent (n=232) said they would seek community services for one activity; twelve percent (n=99) stated they would call upon community services for two activities and five percent (n=39) said they would use community services for assistance with three to seven of the activities.

9. REQUESTS FOR ADDITIONAL ASSISTANCE

Upon reporting their receipt of assistance with the 22 day to day activities, the respondents were asked if they could use any or any additional (hereafter additional) assistance with the activities. Table 31 shows that the number of respondents who indicated additional requests for assistance differed across communities. The respondents residing in the rural communities (19%, n=32) and the mid-sized urban communities (19%, n=51) were the least likely to request additional assistance. Residents of the small urban communities (25%, n=37) and Toronto (32%, n=86) requested assistance more often.

The type of additional assistance requested is shown on Table 32. The only statistically significant differences across communities were found in relation to yard work and cutting toenails. The requests for additional assistance with both activities were made in greatest frequency by the respondents in Toronto. Requests for additional assistance with yard work came from sixteen percent (n=34) of the Toronto respondents, 9% (n=15) of the rural respondents, 7% (n=9) of the small-urban respondents and 5% (n=12) of the mid-sized urban respondents. The Toronto respondents (8%, n=21) were at least twice as likely as the respondents in other communities to request additional assistance with cutting toenails.

10. INTEREST IN VARIOUS HOUSING OPTIONS

The possibility exists for all older community residents that a time may come when they are unable to care for their own needs. If that time does come, the older persons may be faced with finding a suitable arrangement to meet their impending requirements. In this survey the respondents were asked to project into the future and consider the type of housing that might interest them. The question was posed as such..."If at a future pont in your life you find it extremely difficult to care for your own needs, please tell me if you would or would not be interest in the following housing arrangements:

- moving in with friends
- moving in with family
- staying at home with community services to assist
- staying at home with family/friends to assist
- moving into a home for elderly persons or a housing project where some services are available (hereafter "supportive housing arrangement").

Table 33 shows that for the group as a whole the two most popular housing options voiced by respondents in all communities were moving into supportive housing arrangements (a mimimum of 65%) and staying home with community services to assist (a minimum of 54% of the respondents). Least interest was expressed in moving in with friends (a maximum of four percent).

It is noteworthy that no statistically significant differences were found across communities in the interest expressed in the various housing options. Despite the fact that the respondents' current housing situations varied with community size, there were no significant differences in the respondents' interest in housing options for the future.

11. TRANSPORTATION

The modes of transportation used by the respondents and the problems associated in using those modes were examined in this survey. Community differences were assessed.

Tables 34, 35 and 36 illustrate the principal modes of transportation used for shopping, medical appointements and social occasions. The respondents in the rural, small-urban and mid-sized urban communities most frequently (a minimum of 43%) drove themselves to the three activities. Toronto respondents most often drove themselves to social activities (33%, n=75), used public transportation (27%, n=69) to go to medical appointments and walked (33%, n=87) most often when going shopping. Over three-quarters (minimum 77%) of the respondents in the rural and small urban communities drove themselves or were driven by others to the three activities. Comparisons across the communities could not be made due to the small number of respondents in many of the categories.

Transportation problems reported by the respondents were noted. The number of respondents who reported problems did not differ among communities for shopping or social activities. There were however, significant differences in the number of respondents who reported problems with transportation to medical appointments. Table 37 illustrates that residents of the small urban communities (9%, n=13) and Toronto (7%, n=17) reported problems with transportation to medical appointments most often. Residents of the rural areas (3%, n=5) and the mid-sized urban communities (2%, n=5) indicated these problems less often.

A series of questions were posed to the respondents about their use of public transportation and taxis. Tables 38 and 39 show that there were significant differences across communities in the use of both. As expected, taxis were used most frequently by respondents of the largest urban community: Toronto. Taxi users numbered 44% (n=117) of the Toronto respondents, 37% (n=55) of the residents in the small-urban communities, 33% (n=88) of the residents of mid-sized urban communities and seven percent (n=12) of the respondents in the rural areas.

The respondents in Toronto were the most likely of all respondents to use public transportation. Users of public transportation ranged from a high of 83% (n=220) of the Toronto respondents to a low of 24% (n=35) of the respondents in Penetanguishene/Brockville.

All respondents were asked: "If you could get further assistance with transportation, would you be interested in having it and if so, what type of assistance would you be interested in?" Nineteen percent (n=155) answered in the affirmative. Table 40 illustrates that the respondents in the small-urban communities (27%, n=39) were the most likely of all respondents to request assistance with transportation. Assistance was requested by less than one-fifth (a maximum of 19%) of the respondents in the other three communities.

Table 41 shows the type of assistance requested in each community. Because of the small numbers in many of the cells, statistically significant differences could not be measured. In the rural areas, the most frequent (6%, n=18) request was for improvements in public transportation. In the small-urban communities requests were most often made for final assistance with taxis (26%, n=10) and improvements in public trasnportation (26%, n=10). The respondents in the mid-sized urban communities voiced most requests (40%, n=14) for a person to drive or assist them to places they wanted to go. Almost one-half (47%, n=23) of the respondents in Toronto requested financial help with taxis.

The spending priorities of the respondents were measured. All respondents were presented with a number of options including more or better food, medical needs, transportation, etc. and were asked how they would spend additional income if it was available. Community differences were not found in the desire of the respondents to spend additional income on transportation.

12. CONCLUSION

This paper has focused on rural-urban differences of the population surveyed for the USCO study. The four groups considered in the analysis were rural communities (Cookstown, Athens and Bruce Mines), small-urban communities (Brockville/Penetanguishene), mid-sized urban communities (Sault Ste. Marie/Windsor) and Toronto. The findings revealed that the communities differed in their demographic characteristics, social contacts, recreational participation, health status, use of the health care system, disabilities, type of activities with which assistance was received, providers of assistance, potential providers of assistance, requests for assistance and the use of transportation.

The respondents in the rural communities had identifiable characteristics:

- o They made up twenty percent of the sample.
- o They had the highest proportion of men. More than one-half (51%) of the rural respondents were men.
- o The majority (64%) were married.
- o They represented the smallest proportion (31%) of persons in the highest income group.
- o The largest proportion (47%) had eight or less years of formal education.
- o Seventy-nine percent were of British background.
- o The majority (97%) lived in houses.
- o The majority (86%) owned their residence.
- o Forty-five percent had 13 or more family contacts.
- o They were the most likely of all respondents to garden, to have family visits, to help out with elections and to go for drives.
- o They were the least likely to attend the theatre.

- o The majority (61%) considered their health to be good or excellent, and most (67%) felt that their health was the same or better than it had been five years previous.

- o The majority (63%) reported that their health impaired their day to day activities.

- o The majority (55%) reported that they had one to four health conditions.

- o They were more likely than the respondents in the larger urban centres to report heart trouble and/or heart attacks.

- o They were the least likely (30%) of all respondents to have visited a medical specialist in the previous year.

- o The majority (81%) had not been hospitalized during the previous year. Those who had been hospitalized stayed in the hospital for a longer period of time than the urban respondents.

- o They were the least likely (23%) of all respondents to report disabilities with the activities of daily living (ADLS). Specifically, they were less likely to report disabilities related to housework and bathing.

- o They were less likely than the respondents in the mid-sized urban communities or Toronto to receive assistance with paying bills (3%) or going out of doors in bad weather (4%).

- o They were the least likely of all respondents to receive assistance from family members.

- o They were the least likely (19%) of all respondents to request additional assistance.

- o Should they be unable to care for their own needs, they expressed most interest in moving into a supportive housing arrangement (73%).

- o The largest proportion drove themselves to go shopping (50%), to go to medical appointments (48%), and to go to social activities (54%).

- o They were the least likely to use taxis (7%).

- o The majority (81%) did not request assistance with transportation. The majority of those who did request assistance wanted improvements in public transportation.

The findings in this paper identify rural-urban differences and provide a profile of the distinguishing characteristics of the rural population. The findings also dispell some preconceived assumptions about how the rural and urban elderly populations differ. Although many differences across communities were found, along many dimensions the communities did not differ. The rural respondents did not differ from their urban counterparts with respect to age, frequency of social contacts, the number of recreational activities they participated in, the desire expressed for increased recreational participation, health status, receipt of assistance, interest in housing options, and problems with transportation. Both the differences and communities identified in this paper underline the importance of considering community size as a critical variable in both studies of the elderly and in future planning endeavours.

TABLE 1: COMMUNITY OF RESIDENCE BY SEX

(Number and Percentage)

SEX	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Male	(83)	51	(69)	48	(112)	42	(89)	34
Female	(80)	49	(76)	52	(152)	58	(176)	66
Total*	(163)	100	(145)	100	(264)	100	(265)	100

Chi Square = 14.88 $p < .01$

*9 missing observations

TABLE 2: COMMUNITY OF RESIDENCE BY MARITAL STATUS

(Number and Percentage)

MARITAL STATUS	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Single	(8)	5	(5)	3	(20)	8	(27)	10
Married	(106)	64	(97)	66	(142)	54	(130)	49
Widowed	(48)	29	(35)	24	(95)	36	(96)	36
Divorced/ Separated	(5)	2	(10)	7	(7)	3	(12)	5
Total*	(167)	100	(147)	100	(264)	100	(265)	100

Chi square = 25.92 $p < .01$

*3 missing observations

TABLE 3: COMMUNITY OF RESIDENTS BY MONTHLY INCOME

(Number and Percentage)

MONTHLY INCOME	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
$000-599	(48)	30	(34)	25	(72)	30	(63)	26
$600-799	(27)	17	(22)	16	(42)	17	(25)	10
$800-999	(28)	17	(39)	28	(43)	18	(38)	15
$1000+	(59)	36	(43)	31	(85)	35	(120)	49
Total*	(162)	100	(138)	100	(242)	100	(246)	100

Chi square = 24.42 $p < .01$

*58 missing observations

TABLE 4: COMMUNITY OF RESIDENCE BY YEARS OF FORMAL EDUCATION

(Number and Percentage)

YEARS OF EDUCATION	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
0-8	(76)	47	(70)	49	(130)	50	(82)	31
9-12	(60)	37	(54)	37	(94)	36	(117)	45
13+	(25)	16	(20)	14	(34)	13	(62)	24
Total*	(161)	100	(144)	100	(258)	100	(261)	100

Chi square = 25.98 $p < .01$

*22 missing observations

TABLE 5: COMMUNITY OF RESIDENCE BY ETHNIC BACKGROUND

(Number and Percentage)

ETHNIC BACKGROUND	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Canadian	(7)	4	(14)	10	(3)	1	(11)	4
British	(132)	79	(61)	42	(120)	46	(156)	60
French	(4)	2	(56)	38	(47)	18	(9)	3
Jewish	(0)	0	(0)	0	(4)	1	(13)	5
Other Europe	(21)	13	(8)	5	(67)	25	(47)	18
Other	(4)	2	(8)	5	(23)	9	(26)	10
Total*	(168)	100	(147)	100	(264)	100	(262)	100

*5 missing observations

TABLE 6: COMMUNITY OF RESIDENCE BY HOUSING TYPE

(Number and Percentage)

HOUSING	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
House	(163)	97	(115)	79	(173)	67	(155)	59
Apartment	(5)	3	(30)	21	(86)	33	(106)	41
Total*	(168)	100	(145)	100	(259)	100	(261)	100

Chi square = 81.22 p.< 01

*13 missing observations

TABLE 7: COMMUNITY OF RESIDENCE BY HOME OWNERSHIP

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Own	(145)	86	(113)	77	(163)	62	(148)	56
Rent or Live With Others	(23)	14	(35)	23	(101)	38	(117)	44
Total*	(168)	100	(148)	100	(264)	100	(265)	100

Chi square = 58.98 p.∠ 01

*1 missing observation

TABLE 8: COMMUNITY OF RESIDENCE BY TOTAL FAMILY CONTACTS

(Number and Percentage)

TOTAL NUMBER OF FAMILY CONTACTS	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(4)	2	(1)	1	(2)	1	(4)	2
1-6	(35)	21	(46)	31	(94)	35	(86)	32
7-12	(53)	32	(37)	25	(84)	32	(110)	42
13-35	(76)	45	(64)	43	(85)	32	(65)	24
Total	(168)	100	(148)	100	(265)	100	(265)	100

TABLE 9: COMMUNITY OF RESIDENCE BY CONTACTS WITH CHILDREN

(Number and Percentage)

CONTACTS	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(23)	14	(19)	13	(45)	17	(63)	24
Contact With Children	(145)	86	(129)	87	(220)	83	(202)	76
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 11.05 p. < 05

TABLE 10: COMMUNITY OF RESIDENCE BY PARTICIPATION IN SELECTED LEISURE ACTIVITIES

(Number and Percentage)[6]

ACTIVITY	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Garden[1]	(122)	74	(93)	63	(137)	52	(127)	48
Attend Theatre[2]	(39)	23	(54)	37	(77)	29	(123)	46
Family Come To Visit[3]	(160)	97	(140)	95	(240)	92	(235)	89
Help With Election[4]	(26)	16	(12)	8	(21)	8	(33)	13
Go For Drives[5]	(135)	81	(116)	78	(194)	74	(185)	70

[1] Chi square = 32.15 $p < .01$ 3 missing observations

[2] Chi square = 29.18 $p < .01$ 4 missing observations

[3] Chi square = 13.19 $p < .05$ 10 missing observations

[4] Chi square = 8.11 $p < .05$ 11 missing observations

[5] Chi square = 8.31 $p < .05$ 6 missing observations

[6] Each percentage has been calculated according to the relevant N

TABLE 11: COMMUNITY OF RESIDENCE BY BARRIERS TO PARTICIPATION

BARRIER	COMMUNITY			
	RURAL	PENETANG/ BROCKVILLE	S.S. MARIE/ WINDSOR	TORONTO
	%	%	%	%
Respondents' Health Problems	23	20	23	26
Respondents Busy	13	19	13	13
Too Expensive	13	16	13	14
Distance	8	9	6	7
No Companions	7	4	7	8
No Transportation	6	6	5	3
Others Busy	4	4	6	4
Lazy	5	3	6	3
Family Has Health Problems	5	2	5	4
No Opportunities Available	4	3	4	3
Not Sure How To Go About It	2	2	2	3
Feel Too Old	1	2	1	1
Bad Weather	1	1	1	1
Fearful	1	1	1	1
Other	7	8	7	9
Total	100%	100%	100%	100%

TABLE 12: COMMUNITY OF RESIDENCE BY THE NUMBER AND PERCENTAGE OF RESPONDENTS WHO REPORTED SELECTED BARRIERS TO PARTICIPATION 2

BARRIER	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Health Problems	(76)	45	(17)	48	(126)	48	(132)	50
Respondents' Busy	(63)	38	(48)	32	(80)	30	(84)	32
Too Expensive[1]	(75)	45	(56)	38	(90)	34	(120)	45

[1] Chi square = 8.85 $p < .05$

[2] Each percentage has been calculated according to the relevant N

TABLE 13: COMMUNITY OF RESIDENCE BY HISTORY OF HEART TROUBLE OR HEART ATTACKS

(Number and Percentage)[3]

HEALTH CONDITION	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Heart Trouble[1]	(65)	39	(49)	34	(71)	27	(63)	24
Heart Attack[2]	(16)	10	(21)	14	(21)	8	(19)	7

[1] Chi square = 23.77 $p < .01$ 8 missing observations

[2] Chi square = 18.53 $p < .05$ 7 missing observations

[3] Each percentage has been calculated according to the relevant N

TABLE 14: COMMUNITY OF RESIDENCE BY NUMBER OF VISITS TO A FAMILY DOCTOR IN PAST TWELVE MONTHS

(Number and Percentage)

NUMBER OF VISITS	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(13)	8	(8)	5	(23)	9	(19)	7
1-3	(45)	27	(42)	29	(82)	31	(100)	38
4-9	(46)	28	(35)	24	(79)	30	(66)	25
10+	(62)	37	(61)	42	(77)	30	(79)	30
Total*	(166)	100	(146)	100	(261)	100	(264)	100

Chi square = 28.82 p. < 05

*9 missing observations

TABLE 15: COMMUNITY OF RESIDENCE BY WHETHER MEDICAL SPECIALISTS HAD BEEN SEEN IN THE PAST TWELVE MONTHS

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Seen Medical Specialist	(50)	30	(52)	35	(117)	44	(119)	45
Not Seen By Medical Specialist	(116)	70	(96)	65	(148)	56	(146)	55
Total*	(166)	100	(148)	100	(265)	100	(265)	100

Chi square = 12.76 $p < .01$

*2 missing observations

TABLE 16: **COMMUNITY OF RESIDENCE BY NUMBER OF DAYS SPENT IN HOSPITAL OVER THE PAST YEAR**

(Number and Percentage)

DAYS IN HOSPITAL	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(136)	81	(109)	74	(205)	78	(232)	88
1-7 days	(11)	7	(16)	11	(26)	10	(13)	5
8+ days	(21)	12	(23)	15	(32)	12	(19)	7
Total*	(168)	100	(148)	100	(263)	100	(164)	100

Chi square = 15.83 $p < .05$

*3 missing observations

TABLE 17: COMMUNITY OF RESIDENCE BY TOTAL NUMBER OF DISABILITIES*

(Number and Percentage)

DISABILITIES*	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(129)	77	(104)	70	(189)	71	(162)	61
1-2	(29)	17	(34)	23	(51)	19	(63)	24
3+	(10)	6	(10)	7	(25)	9	(40)	15
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 18.07 $p < .01$

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity

TABLE 18: COMMUNITY OF RESIDENCE BY THE TYPE OF DISABILITIES REPORTED[1]

(Number and Percentage)[2]

DISABILITY*	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Use Phone	(9)	5	(12)	8	(14)	5	(23)	9
Shopping	(20)	12	(18)	12	(41)	16	(51)	19
Prepare Meals	(10)	6	(9)	6	(19)	7	(26)	10
Heavy Housework[3]	(26)	16	(31)	21	(45)	17	(86)	32
Handle Money	(6)	4	(7)	5	(15)	6	(28)	11
Dress	(1)	1	(3)	2	(4)	2	(6)	2
Take Care Of Appearance	(1)	1	(2)	1	(8)	3	(3)	1
Get In And Out Of Bed	(1)	1	(2)	1	(3)	1	(7)	3
Bath[4]	(9)	5	(8)	5	(20)	8	(35)	13

1 Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

2 Each percentage has been calculated according to the relevant N

Statistically significant differences

3 Chi square = 32.54 $p < .01$

4 Chi square = 28.60 $p < .01$

TABLE 19: COMMUNITY OF RESIDENCE BY THE TYPE OF ACTIVITIES WITH WHICH ASSISTANCE WAS RECEIVED

(Number and Percentage)**

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
Activities	(N)	%	(N)	%	(N)	%	(N)	%
In The Home	N=168		N=148		N=265		N=265	
Light Housework	(17)	10	(18)	12	(32)	12	(32)	12
Heavy Housework	(38)	23	(40)	27	(61)	23	(75)	28
Making Tea	(6)	4	(2)	1	(7)	3	(5)	2
Meal Preparation	(9)	5	(6)	4	(15)	6	(10)	4
Laundry	(14)	8	(16)	11	(27)	10	(28)	11
House Repairs	(24)	15	(23)	16	(25)	11	(38)	17
Climbing Stairs	(6)	4	(3)	2	(11)	4	(4)	2
Mobility At Home	(1)	1	(1)	1	(4)	2	(3)	1
Using the Phone	(2)	1	(5)	3	(5)	2	(8)	3
Mending	(6)	4	(4)	3	(9)	3	(7)	3
Activities Outside Of The Home								
Yardwork	(59)	36	(51)	37	(70)	30	(55)	26
Shopping	(19)	11	(22)	15	(45)	17	(47)	18
[1] Going out in Good Weather	(3)	2	(1)	1	(9)	3	(9)	3
Going Out In Bad Weather	(7)	4	(5)	3	(22)	9	(25)	10
[2] Banking	(6)	4	(17)	12	(23)	9	(19)	7
Paying Bills	(5)	3	(17)	12	(16)	6	(17)	6
Financial Assistance	(1)	1	(3)	2	(9)	3	(8)	3
Personal								
Getting In And Out Of Bed	(0)	0	(1)	1	(3)	1	(6)	2
Bathing	(1)	1	(5)	3	(9)	3	(8)	3
Dressing	(1)	1	(2)	1	(3)	1	(3)	1
Cutting Toenails	(12)	7	(18)	12	(21)	8	(26)	10
Taking Medication	(1)	1	(2)	1	(7)	3	(7)	3

[1] Chi Square = 8.42 $P < .05$

[2] Chi Square = 9.47 $P < .05$

** Each percentage has been calculated according to the relevant N

TABLE 20: COMMUNITY OF RESIDENCE BY THE PERCENTAGE OF TOTAL ASSISTANCE PROVIDED BY VARIOUS SOURCES

ASSISTANCE PROVIDER	COMMUNITY			
	RURAL	PENETANG/ BROCKVILLE	S.S. MARIE/ WINDSOR	TORONTO
	%	%	%	%
Daughter	19%	21%	13%	18%
Son	9%	11%	17%	8%
Other Family Member	15%	17%	22%	27%
Spouse	16%	16%	17%	16%
Neighbour/ Friend	13%	8%	9%	7%
Community Agency	4%	0%	4%	1%
Paid Help	23%	26%	17%	23%
Other	1%	1%	1%	0%
Total	100%	100%	100%	100%

TABLE 21: COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER OF ASSISTANCE IF RESPONDENTS NEEDED HELP DEALING WITH THE OLD AGE SECURITY AGENCY

(Number and Percentage)

POTENTIAL PROVIDER OF ASSISTANCE	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Child	(45)	27	(34)	23	(76)	29	(71)	27
Spouse	(6)	4	(24)	16	(16)	6	(31)	12
Other Relative	(7)	4	(12)	8	(16)	6	(21)	8
Neighbour/ Friend	(5)	3	(7)	5	(9)	3	(13)	5
Community Group	(47)	28	(25)	17	(82)	31	(28)	11
Don't Know	(27)	16	(25)	17	(35)	14	(63)	24
Other	(31)	18	(21)	14	(30)	11	(36)	13
Total*	(168)	100	(148)	100	(264)	100	(263)	100

*3 missing observations

TABLE 22: **COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER OF ASSISTANCE IF RESPONDENTS NEEDED HELP GETTING TO A MEDICAL CLINIC**

(Number and Percentage)

POTENTIAL PROVIDER OF ASSISTANCE	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Child	(52)	31	(45)	30	(108)	41	(66)	25
Spouse	(27)	16	(34)	23	(41)	16	(55)	21
Other Relative	(19)	11	(9)	6	(20)	7	(23)	9
Neighbour/ Friend	(57)	34	(31)	21	(38)	14	(44)	17
Taxi	(5)	3	(17)	12	(33)	12	(36)	13
Other	(8)	5	(12)	8	(25)	10	(40)	15
Total*	(168)	100	(148)	100	(265)	100	(264)	100

Chi square = 66.09 $p < .01$

*1 missing observation

TABLE 23: **COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER OF ASSISTANCE IF RESPONDENTS HAD THE FLU AND NEEDED HELP**

(Number and Percentage)

POTENTIAL PROVIDER OF ASSISTANCE	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Child	(41)	24	(32)	22	(72)	27	(57)	22
Spouse	(70)	42	(73)	49	(104)	39	(87)	33
Other Relative	(16)	10	(9)	6	(21)	8	(39)	15
Neighbour/ Friend	(14)	8	(7)	5	(24)	9	(27)	10
Community Group	(15)	9	(18)	12	(31)	12	(30)	11
Other	(12)	7	(9)	6	(12)	5	(24)	9
Total*	(168)	100	(148)	100	(264)	100	(264)	100

Chi square = 26.86 $p < .05$

*2 missing observations

TABLE 24: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY HAD AN ACCIDENT AND NEEDED SOMEONE TO BATHE THEM EVERY DAY**

(Number and Percentage)

SERVICES TO BE SOUGHT

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(41)	25	(37)	25	(74)	28	(71)	27
Other	(126)	75	(111)	75	(190)	72	(193)	73
Total*	(167)	100	(148)	100	(264)	100	(264)	100

*3 missing observations

TABLE 25: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY WERE UPSET OR DEPRESSED AND NEEDED HELP**

(Number and Percentage)

SERVICES TO BE SOUGHT

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(8)	5	(3)	2	(13)	5	(4)	2
Other	(160)	95	(145)	98	(252)	95	(260)	98
Total*	(168)	100	(148)	100	(265)	100	(264)	100

*1 missing observation

TABLE 26: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY RAN OUT OF FOOD, IT WAS SNOWING AND THEY NEEDED HELP TO GET TO THE GROCERY STORE**

(Number and Percentage)

SERVICES TO BE SOUGHT	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(2)	1	(7)	5	(4)	2	(5)	2
Other	(166)	99	(141)	95	(257)	98	(258)	98
Total*	(168)	100	(148)	100	(261)	100	(263)	100

*6 missing observations

TABLE 27: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY DID NOT HAVE ENOUGH MONEY TO COVER A LARGE BILL**

(Number and Percentage)

SERVICES TO BE SOUGHT

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(5)	3	(8)	6	(14)	5	(7)	3
Other	(163)	97	(140)	94	(243)	95	(255)	97
Total*	(168)	100	(148)	100	(257)	100	(262)	100

*11 missing observations

TABLE 28: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY HAD A PROBLEM WITH THE OLD AGE SECURITY CHEQUE AND FELT THEY NEEDED HELP DEALING WITH THE AGENCY**

(Number and Percentage)

SERVICES TO BE SOUGHT	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(33)	20	(21)	14	(58)	22	(19)	7
Other	(135)	80	(127)	82	(206)	78	(244)	93
Total*	(168)	100	(148)	100	(264)	100	(263)	100

*3 missing observations

TABLE 29: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY NEEDED HELP TO GET TO A MEDICAL APPOINTMENT**

(Number and Percentage)

SERVICES TO BE SOUGHT	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(2)	1	(6)	4	(10)	4	(20)	8
Other	(166)	99	(142)	96	(255)	96	(244)	92
Total*	(168)	100	(148)	100	(265)	100	(264)	100

*1 missing observation

TABLE 30: **COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY BECAME SERIOUSLY ILL WITH THE FLU FOR A WEEK AND NEEDED SOMEONE TO HELP TAKE CARE OF THEM AT HOME**

(Number and Percentage)

SERVICES TO BE SOUGHT	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Community Services	(15)	9	(18)	12	(31)	12	(30)	11
Other	(153)	91	(130)	88	(233)	88	(234)	89
Total*	(168)	100	(148)	100	(264)	100	(264)	100

*2 missing observations

TABLE 31: **COMMUNITY OF RESIDENCE BY NUMBER OF RESPONDENTS REQUESTING ADDITIONAL ASSISTANCE**

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Request Additional Assistance	(32)	19	(37)	25	(51)	19	(86)	32
Do Not Request Additional Assistance	(135)	81	(111)	75	(214)	81	(179)	68
Total*	(167)	100	(148)	100	(265)	100	(265)	100

Chi square = 15.66 $p < .01$

*1 missing observation

TABLE 32: COMMUNITY OF RESIDENCE BY TYPE OF REQUESTS FOR ADDITIONAL ASSISTANCE

(Number and Percentage)**

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
Activities	(N)	%	(N)	%	(N)	%	(N)	%
In The Home	N=168		N=148		N=265		N=265	
Light Housework	(5)	3	(12)	8	(14)	5	(22)	8
Heavy Housework	(13)	8	(20)	14	(25)	10	(38)	14
Making Tea	(0)	0	(2)	1	(2)	1	(1)	1
Meal Preparation	(2)	1	(5)	3	(5)	2	(9)	3
Laundry	(5)	3	(2)	1	(3)	1	(4)	2
House Repairs	(11)	7	(9)	6	(18)	7	(22)	9
Climbing Stairs	(1)	1	(1)	1	(2)	1	(6)	2
Mobility At Home	(0)	0	(0)	0	(0)	0	(2)	1
Using the Phone	(0)	0	(1)	1	(1)	1	(3)	1
Mending	(4)	2	(1)	1	(0)	0	(3)	1
Activities Outside Of The Home								
[1]Yardwork	(15)	9	(9)	7	(12)	5	(34)	16
Shopping	(4)	2	(3)	2	(7)	3	(13)	5
Going out in Good Weather	(0)	0	(0)	0	(1)	1	(2)	1
Going Out In Bad Weather	(2)	1	(2)	1	(6)	2	(9)	4
Banking	(1)	1	(1)	1	(1)	1	(6)	2
Paying Bills	(2)	1	(0)	0	(0)	0	(2)	1
Financial Assistance	(0)	0	(1)	1	(3)	1	(3)	1
Personal								
Getting In And Out Of Bed	(0)	0	(1)	1	(0)	0	(2)	1
Bathing	(0)	0	(0)	0	(1)	1	(1)	1
Dressing	(0)	0	(0)	0	(0)	0	(1)	1
[2]Cutting Toenails	(7)	4	(5)	3	(7)	3	(21)	8
Taking Medication	(0)	0	(0)	0	(0)	0	(1)	1

[1] Chi Square = 17.55 $P < .01$

[2] Chi Square = 9.26 $P < .05$

** Each percentage has been calculated according to the relevant N

TABLE 33: COMMUNITY OF RESIDENCE BY INTEREST EXPRESSED IN VARIOUS HOUSING ARRANGEMENTS

(Number and Percentage)[6]

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Moving In With Family[1]	(21)	14	(26)	19	(45)	18	(43)	18
Moving In With Friends[2]	(3)	2	(4)	3	(8)	3	(9)	4
Staying Home With Community Services To Assist[3]	(99)	64	(73)	54	(145)	60	(152)	64
Staying Home With Family/ Friends To Assist[4]	(86)	55	(74)	51	(138)	55	(126)	52
Supportive Housing Arrangement[5]	(118)	73	(100)	70	(164)	65	(168)	68

1 79 missing observations

2 49 missing observations

3 80 missing observations

4 54 missing observations

5 44 missing observations

6 Each percentage is calculated according to the relevant N

TABLE 34: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF TRANSPORATION USED TO GO SHOPPING

(Number and Percentage)

MODE OF TRANSPORTATION	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(30)	19	(22)	15	(26)	10	(87)	33
Drive Self	(80)	50	(77)	54	(117)	46	(72)	29
Driven by Spouse	(17)	11	(20)	14	(25)	10	(27)	11
Driven by Relatives	(25)	15	(15)	11	(41)	16	(20)	8
Driven by Friends	(6)	4	(2)	1	(7)	3	(3)	2
Taxi	(0)	0	(6)	4	(7)	3	(3)	1
Public Transportation	(1)	1	(0)	0	(27)	11	(38)	15
Other	(0)	0	(1)	1	(1)	1	(2)	1
Total*	(159)	100	(143)	100	(251)	100	(252)	100

*41 missing observations

TABLE 35: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF TRANSPORTATION USED TO GO TO MEDICAL APPOINTMENTS

(Number and Percentage)

MODE OF TRANSPORTATION	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(30)	19	(22)	15	(17)	7	(41)	16
Drive Self	(76)	48	(76)	52	(112)	43	(65)	25
Driven by Spouse	(16)	10	(20)	14	(24)	9	(26)	10
Driven by Relatives	(26)	17	(17)	11	(40)	15	(30)	12
Driven by Friends	(4)	2	(1)	1	(7)	3	(8)	3
Taxi	(0)	0	(7)	5	(17)	7	(12)	5
Public Transportation	(1)	1	(2)	1	(39)	15	(69)	27
Other	(5)	3	(1)	1	(2)	1	(5)	2
Total*	(158)	100	(146)	100	(258)	100	(256)	100

*28 missing observations

TABLE 36: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF TRANSPORTATION USED TO GO TO SOCIAL ACTIVITIES

(Number and Percentage)

MODE OF TRANSPORTATION	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(24)	17	(16)	14	(23)	10	(23)	10
Drive Self	(76)	54	(70)	59	(105)	47	(75)	33
Driven by Spouse	(16)	11	(17)	14	(20)	9	(28)	12
Driven by Relatives	(14)	10	(6)	5	(36)	16	(24)	10
Driven by Friends	(10)	7	(5)	4	(17)	8	(20)	9
Taxi	(0)	0	(4)	3	(3)	1	(4)	2
Public Transportation	(1)	1	(1)	1	(19)	8	(54)	23
Other	(0)	0	(0)	0	(1)	1	(1)	1
Total*	(141)	100	(119)	100	(224)	100	(229)	100

*133 missing observations

TABLE 37: COMMUNITY OF RESIDENCE BY REPORTS OF TRANSPORTATION PROBLEMS RELATED TO MEDICAL APPOINTMENTS

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(5)	3	(13)	9	(5)	2	(17)	7
No Transportation Problems Reported	(159)	97	(134)	91	(254)	98	(244)	93
Total*	(164)	100	(147)	100	(259)	100	(261)	100

Chi square = 12.67 $p < .01$

*15 missing observations

TABLE 38: COMMUNITY OF RESIDENCE BY USE OF TAXIS

(Number and Percentage)

USE OF TAXIS	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Used Taxis	(12)	7	(55)	37	(88)	33	(117)	44
Did Not Use Taxis	(156)	93	(93)	63	(177)	67	(148)	56
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 67.49 $p < .01$

TABLE 39: COMMUNITY OF RESIDENCE BY USE OF PUBLIC TRANSPORTATION

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Used Public Transportation	(54)	32	(35)	24	(116)	44	(220)	83
Did Not Use Public Transportation	(114)	68	(112)	76	(149)	56	(45)	17
Total*	(168)	100	(147)	100	(265)	100	(265)	100

Chi square = 181.41 $p < .01$

*1 missing observation

TABLE 40: **COMMUNITY OF RESIDENCE BY REQUESTS FOR ASSISTANCE WITH TRANSPORTATION**

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Requested Assistance	(31)	19	(39)	27	(34)	13	(51)	19
Did Not Request Assistance	(135)	81	(108)	73	(225)	87	(213)	81
Total*	(166)	100	(147)	100	(259)	100	(264)	100

Chi square = 11.35 $p < .05$

*10 missing observations

TABLE 41: **COMMUNITY OF RESIDENCE BY TYPE OF TRANSPORTATION ASSISTANCE REQUESTED**

(Number and Percentage)

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Financial Assistance With Taxis	(3)	10	(10)	26	(9)	27	(23)	47
Person to Drive or Assist	(6)	20	(9)	24	(14)	40	(10)	21
Public Transportation Improvements	(18)	60	(10)	26	(14)	12	(6)	12
Special Transportation Vehicle	(1)	3	(6)	16	(2)	6	(2)	4
Other	(2)	7	(3)	8	(5)	15	(8)	16
Total	(30)	100	(38)	100	(34)	100	(49)	100

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.

13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.

15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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APPENDIX

GLOSSARY

Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.

Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).

Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.

Community Agency/ Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.

Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.

Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.

Dependent Variable: the outcome or determined condition in a relationship between two or more variables.

Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)

Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.: Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean ($\bar{X}$): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension and those who receive Spouses' Allowance.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married: individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample: a process for sample selection in which every element in the population is given an equal chance of being picked.

Represenativeness: the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.: a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS: Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample: part of the population at large, selected for study.

Sample Frame: the base from which a sample is drawn, i.e., list of names.

Significant Differences: determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single: persons who have never been married or are not living common-law.

Social Contacts: visits with friends and family or in person.

Socio-Economic: characteristics frequently used to measure social status such as educational level or income.

Stratified Sample: a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements: a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable: refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.

REFERENCES

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